

**DECLARATION
AND POWER OF ATTORNEY
U.S.A.**

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ATTORNEYS' DOCKET NO.

ALL PATENTS, INCLUDING DESIGN

FOR APPLICATION BASED ON PCT, PARIS CONVENTION,
NON PRIORITY; OR PROVISIONAL APPLICATIONS

As a below named inventor, I declare that my residence, post office address and citizenship are stated below next to my name, the information given herein is true, that I believe that I am the original, first and sole inventor (if only one name is listed at 201 below), or a first and joint inventor (if plural inventors are named below at 201-203, or on additional sheets attached hereto) of the subject matter which is claimed and for which patent is sought on the invention entitled:

Automatic Diagnostic Apparatus

101

102

103

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which is described and claimed in: PCT International Application No. PCT/GB97/00888 filed 27 March 1997
 the specification in application Serial No. _____ filed _____
 (if applicable) and amended on _____

I hereby state that I have reviewed and understand the contents of the above-identified specifications, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.55.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

9606728.5
(Number)
9622853.1
(Number)
9705243.5
(Number)

United Kingdom
(Country)
United Kingdom
(Country)
United Kingdom
(Country)

29/03/96
(Day/Month/Year Filed)
01/11/96
(Day/Month/Year Filed)
13/03/97
(Day/Month/Year Filed)

Priority Claimed
 Yes No
 Yes No
 Yes No

I hereby claim the benefit under Title 35, United States Cod. §119(e) of any United States provisional application(s) listed below:

Application No. _____ Filing Date _____ Application No. _____ Filing Date _____

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.) _____ (Filing Date) _____ (Status: patented, pending, abandoned)

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| | | | |
|---|--|---|--|
| SEND CORRESPONDENCE TO: | | DIRECT TELEPHONE CALLS TO: (please use Attorney's Docket No.) (202) 638-6666 | |
| JACOBSON, PRICE, HOLMAN & STERN PROFESSIONAL LIMITED LIABILITY COMPANY 400 Seventh Street, N.W. Washington, D.C. 20004 | | JACOBSON, PRICE, HOLMAN & STERN PROFESSIONAL LIMITED LIABILITY COMPANY | |

*Inventor(s) name must include at least one unabbreviated first or middle name.

| | | | |
|--------|--|---|---|
| 200204 | FAMILY NAME CASALIN | GIVEN NAME Paola | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP CITY S.S.Giovanni, Milan | STATE OR FOREIGN COUNTRY Italy | COUNTRY OF CITIZENSHIP Italy |
| | POST OFFICE ADDRESS 227B Viale Italia | S.C.Giovanni, Milan | STATE OR COUNTRY Italy |
| 200205 | FAMILY NAME CONNOLLY | GIVEN NAME Patricia | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP CITY Glasgow | STATE OR FOREIGN COUNTRY United Kingdom | COUNTRY OF CITIZENSHIP United Kingdom |
| | POST OFFICE ADDRESS 26 Succoth Street, Anniesland, Glasgow | CITY Glasgow | STATE OR COUNTRY United Kingdom |
| 200206 | FAMILY NAME | GIVEN NAME | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | CITY | STATE OR COUNTRY |

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| | | |
|---------------------------|---------------------------|---------------------------|
| SIGNATURE OF INVENTOR 204 | SIGNATURE OF INVENTOR 205 | SIGNATURE OF INVENTOR 203 |
| DATE | DATE | DATE |

Additional inventors are named on separately numbered sheets attached hereto.

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PCT/GB97/00888

27 March 1997

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filed _____

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SEND CORRESPONDENCE TO:

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PROFESSIONAL LIMITED LIABILITY COMPANY
400 Seventh Street, N.W.
Washington, D.C. 20004

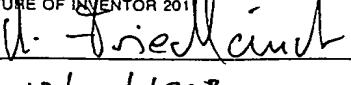
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PROFESSIONAL LIMITED LIABILITY COMPANY

*Inventor(s) name must include at least one unabbreviated first or middle name.

| | | | | |
|-----|----------------------------|--|---|---|
| 201 | FULL NAME* OF INVENTOR | FAMILY NAME FRIEDLANDER | GIVEN NAME Uri | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY London | STATE OR FOREIGN COUNTRY United Kingdom | COUNTRY OF CITIZENSHIP Germany |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS 20 Belsize Avenue | CITY London | STATE OR COUNTRY United Kingdom ZIP CODE NW3 4AU |
| 202 | FULL NAME* OF INVENTOR | FAMILY NAME COUPE | GIVEN NAME Neville | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY West Sussex | STATE OR FOREIGN COUNTRY United Kingdom | COUNTRY OF CITIZENSHIP United Kingdom |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS 20 Glebelands, Pulborough, West Sussex | CITY Pulborough | STATE OR COUNTRY United Kingdom ZIP CODE RH20 1JJ |
| 203 | FULL NAME* OF INVENTOR | FAMILY NAME LISSANDRELLO | GIVEN NAME Fabio | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY Milano | STATE OR FOREIGN COUNTRY Italy | COUNTRY OF CITIZENSHIP Italy |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Via Sigeri, 10 | CITY Milano | STATE OR COUNTRY Italy ZIP CODE 20135 |

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United States Code; and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

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which is described and claimed in:

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(Country)

29/03/96

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No

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(Number)

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01/11/96

Yes

No

9705243.5

(Number)

United Kingdom

(Country)

13/03/97

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(please use Attorney's Docket No.) (202) 638-6666

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PROFESSIONAL LIMITED LIABILITY COMPANY

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| | | | | |
|---------|----------------------------|---|---|---|
| 200/204 | FULL NAME* OF INVENTOR | FAMILY NAME <u>CASALIN</u> | GIVEN NAME <u>Paola</u> | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY <u>S.S.Giovanni</u> , Milan | STATE OR FOREIGN COUNTRY <u>Italy</u> | COUNTRY OF CITIZENSHIP <u>Italy</u> |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS <u>227B Viale Italia</u> | CITY <u>S.S.Giovanni</u> , Milan | STATE OR COUNTRY <u>Italy</u> |
| 200/205 | FULL NAME* OF INVENTOR | FAMILY NAME <u>CONNOLLY</u> | GIVEN NAME <u>Patricia</u> | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY <u>Glasgow</u> | STATE OR FOREIGN COUNTRY <u>United Kingdom</u> | COUNTRY OF CITIZENSHIP <u>United Kingdom</u> |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS <u>26 Succoth Street, Anniesland</u> , Glasgow | CITY <u>Glasgow</u> | STATE OR COUNTRY <u>United Kingdom</u> |
| 200/203 | FULL NAME* OF INVENTOR | FAMILY NAME | GIVEN NAME | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | CITY | STATE OR COUNTRY |

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| <u>9606728.5</u> (Number) | <u>United Kingdom</u> (Country) | <u>29/03/96</u> (Day/Month/Year Filed) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| <u>9622853.1</u> (Number) | <u>United Kingdom</u> (Country) | <u>01/11/96</u> (Day/Month/Year Filed) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| <u>9705243.5</u> (Number) | <u>United Kingdom</u> (Country) | <u>13/03/97</u> (Day/Month/Year Filed) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

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| | | | | |
|-----|-------------------------|--|---|---|
| 201 | FULL NAME OF INVENTOR | FAMILY NAME FRIEDLANDER | GIVEN NAME Uri | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY London | STATE OR FOREIGN COUNTRY United Kingdom | COUNTRY OF CITIZENSHIP Germany |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS 20 Belsize Avenue | CITY London | STATE OR COUNTRY United Kingdom ZIP CODE NW3 4AU |
| 202 | FULL NAME OF INVENTOR | FAMILY NAME COUPE | GIVEN NAME Neville | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY West Sussex | STATE OR FOREIGN COUNTRY United Kingdom | COUNTRY OF CITIZENSHIP United Kingdom |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS 20 Glebelands, Pulborough, | CITY West Sussex | STATE OR COUNTRY United Kingdom ZIP CODE RH20 1JJ |
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| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Via Sigeri, 10 | CITY Milano | STATE OR COUNTRY Italy ZIP CODE 20135 |

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| | | |
|----------------------------|---|----------------------------|
| SIGNATURE OF INVENTOR 201* | SIGNATURE OF INVENTOR 202* | SIGNATURE OF INVENTOR 203* |
| DATE | DATE <i>William</i> <i>2 Oct 1998</i> | DATE |

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| | RESIDENCE & CITIZENSHIP | CITY <u>S.S.Giovanni, Milan</u> | STATE OR FOREIGN COUNTRY <u>Italy</u> | COUNTRY OF CITIZENSHIP <u>Italy</u> |
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| 2003 | FULL NAME* OF INVENTOR | FAMILY NAME | GIVEN NAME | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
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ALL PATENTS, INCLUDING DESIGN

FOR APPLICATION BASED ON PCT; PARIS CONVENTION;

NON-PRIORITY OR PROVISIONAL APPLICATIONS

As a below named inventor, I declare that my residence, post office address and citizenship are stated below next to my name. The information given herein is true, that I believe that I am the original, first and sole inventor (if only one name is listed at 201 below), or a first and joint inventor (if plural inventors are named below at 201-203, or on additional sheets attached hereto) of the subject matter which is claimed and for which patent is sought on the invention entitled:

Automatic Diagnostic Apparatus

101

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which is described and claimed in:

 PCT International Application No. PCT/GB97/00888filed 27 March 1997 the attached specification the specification in application Serial No. _____

filed _____

(if applicable) and amended on _____

I hereby state that I have reviewed and understand the contents of the above-identified specifications, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

9606728.5

(Number)

United Kingdom

(Country)

29/03/96

(Day/Month/Year Filed)

9622853.1

(Number)

United Kingdom

(Country)

01/11/96

(Day/Month/Year Filed)

9705243.5

(Number)

United Kingdom

(Country)

13/03/97

(Day/Month/Year Filed)

Priority Claimed

 Yes No Yes No Yes No

I hereby claim the benefit under Title 35, United States Code, §119(a) of any United States provisional application(s) listed below:

Application No. _____

Filing Date _____

Application No. _____

Filing Date _____

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.) _____

(Filing Date) _____

(Status: patented, pending, abandoned)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys (Registration No.) to prosecute this application, receive and act on instructions from my agent, and transact all business in the Patent and Trademark Office connected therewith. HARVEY B. JACOBSON, JR. (20,851); D. DOUGLAS PRICE (24,514); JOHN CLARKE HOLMAN (22,769); MARVIN R. STERN (20,640); MICHAEL R. SLOBASKY (26,421); JONATHAN L. SCHERER (29, 851); STANFORD W. BERMAN (17,909); IRWIN M. AISENBERG (19,007); WILLIAM E. PLAYER (31,409)

| | | | |
|---|---|--|--|
| SEND CORRESPONDENCE TO: | DIRECT TELEPHONE CALLS TO: (please use Attorney's Docket No.) (202) 638-6666 | | |
| JACOBSON, PRICE, HOLMAN & STERN PROFESSIONAL LIMITED LIABILITY COMPANY 400 Seventh Street, N.W. Washington, D.C. 20004 | JACOBSON, PRICE, HOLMAN & STERN PROFESSIONAL LIMITED LIABILITY COMPANY | | |

*Inventor(s) name must include at least one unabbreviated first or middle name.

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| 201 | FULL NAME* OF INVENTOR | FAMILY NAME <u>FRIEDLANDER</u> | GIVEN NAME <u>Uri</u> | MIDDLE NAME |
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| 203 | FULL NAME* OF INVENTOR | FAMILY NAME <u>LISSANDRELLO</u> | GIVEN NAME <u>Fabio</u> | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY <u>Milano</u> | STATE OR FOREIGN COUNTRY <u>Italy</u> | COUNTRY OF CITIZENSHIP <u>Italy</u> |
| | POST OFFICE ADDRESS | <u>Via Sigeri, 10</u> | CITY <u>Milano</u> | STATE OR COUNTRY <u>Italy</u> ZIP CODE <u>20135</u> |

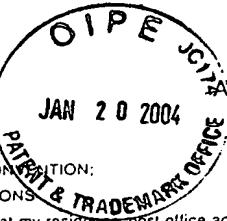
I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United States Code; and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

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|----------------------------|----------------------------|----------------------------|
| SIGNATURE OF INVENTOR 201* | SIGNATURE OF INVENTOR 202* | SIGNATURE OF INVENTOR 203* |
| DATE | DATE | DATE <u>28-10-98</u> |

 Additional inventors are named on separately numbered sheets attached hereto.

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DECLARATION
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Priority Claimed
 Yes No
 Yes No
 Yes No

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|---|--|

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|-----|----------------------------|--|---|---|
| 201 | FULL NAME* OF INVENTOR | FAMILY NAME FRIEDLANDER | GIVEN NAME Uri | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY London | STATE OR FOREIGN COUNTRY United Kingdom | COUNTRY OF CITIZENSHIP Germany |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS 20 Belsize Avenue | CITY London | STATE OR COUNTRY United Kingdom ZIP CODE NW3 4AU |
| 202 | FULL NAME* OF INVENTOR | FAMILY NAME COUPE | GIVEN NAME Neville | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY West Sussex | STATE OR FOREIGN COUNTRY United Kingdom | COUNTRY OF CITIZENSHIP United Kingdom |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS 20 Glebelands, Pulborough, West Sussex | CITY Pulborough | STATE OR COUNTRY United Kingdom ZIP CODE RH20 1JJ |
| 203 | FULL NAME* OF INVENTOR | FAMILY NAME LISSANDRELLO | GIVEN NAME Fabio | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY Milano | STATE OR FOREIGN COUNTRY Italy | COUNTRY OF CITIZENSHIP Italy |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Via Sigeri, 10 | CITY Milano | STATE OR COUNTRY Italy ZIP CODE 20135 |

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United States Code; and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

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| SIGNATURE OF INVENTOR 201* | SIGNATURE OF INVENTOR 202* | SIGNATURE OF INVENTOR 203* |
| DATE | DATE | DATE |

Additional inventors are named on separately numbered sheets attached hereto.

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13/03/97
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*Inventor(s) name must include at least one unabbreviated first or middle name.

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| 2004 | FULL NAME* OF INVENTOR | FAMILY NAME <u>CASALIN</u> | GIVEN NAME <u>Paola</u> | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY <u>S.S.Giovanni, Milan</u> | STATE OR FOREIGN COUNTRY <u>Italy</u> | COUNTRY OF CITIZENSHIP <u>Italy</u> |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS <u>227B Viale Italia</u> | CITY <u>S.S.Giovanni, Milan</u> | STATE OR COUNTRY <u>Italy</u> ZIP CODE <u>20099</u> |
| 2005 | FULL NAME* OF INVENTOR | FAMILY NAME <u>CONNOLLY</u> | GIVEN NAME <u>Patricia</u> | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY <u>Glasgow</u> | STATE OR FOREIGN COUNTRY <u>United Kingdom</u> | COUNTRY OF CITIZENSHIP <u>United Kingdom</u> |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS <u>26 Succoth Street, Anniesland, Glasgow</u> | CITY <u>United Kingdom</u> | STATE OR COUNTRY <u>United Kingdom</u> ZIP CODE <u>G13 1DF</u> |
| 2003 | FULL NAME* OF INVENTOR | FAMILY NAME | GIVEN NAME | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | CITY | STATE OR COUNTRY ZIP CODE |

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| | | |
|--|---------------------------|----------------------------|
| SIGNATURE OF INVENTOR 204 <u>f. Casal</u> | SIGNATURE OF INVENTOR 205 | SIGNATURE OF INVENTOR 203* |
| DATE <u>28.10.98</u> | DATE | DATE |

Additional inventors are named on separately numbered sheets attached hereto.

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